



Wisconsin Department of Public Instruction
**ALTERNATIVE EDUCATION PROGRAM
GRANT APPLICATION**
PI-9710 (Rev. 11-05)

INSTRUCTIONS: Submit **eight (8) copies**, including one copy bearing ORIGINAL signatures and seven additional copies, of the complete application. Application pages must be securely stapled. Applications must be received by **4:30 p.m. on MARCH 3, 2006**. Late applications will not be considered. Return to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: BETH LEWIS
CAREER AND TECHNICAL EDUCATION TEAM
P.O. BOX 7841
125 SOUTH WEBSTER STREET
MADISON, WI 53707-7841**

Grant Type of Grant Application *Check One*



Single District



Consortium

I. GENERAL INFORMATION

1. Applicant (District or Consortium Name)		2. a. Project Yr. 1	b. Fiscal Yr. 2006-07	c. LEA Code	d. CESA
3. Address <i>Street, City, State, Zip</i>		4. Telephone <i>Area/No.</i>		5. Fax <i>Area/No.</i>	
6. Alternative Education Program/School Name				7. Grade Levels To Be Served	
8. Alternative Education Program/School Contact Person				9. Telephone <i>Area/No.</i>	
10. Contact Person's Complete Address			11. Contact Person's E-Mail Address		
12. Program Enrollment Current Anticipated	13. Starting Date of Program	14. <i>If Consortium</i> , Number of Participating Districts		15. Amount Requested \$	

II. ASSURANCES

The applicant hereby gives assurance to the State Superintendent of Public Instruction that:

- Funds made available under s.115.366, Wis. Stats will be used only for the approved program, as indicated in the proposal.
- The applicant will file financial reports and claims for reimbursement in accordance with procedures prescribed by the Department of Public Instruction.
- No board or staff member of a Local Education Agency (LEA) will participate in, or make recommendations with respect to, an administrative decision regarding a program or project if such decision can be expected to result in any benefit or remuneration, such as a royalty, commission, contingent fee, brokerage fee, consultant fee, or other benefit to him or her or any member of his/her immediate family.
- The Department of Public Instruction will reserve the right to a final audit at the end of the fiscal year of actual expenditures under this contract or at any time during the duration of the proposal period. In the event of an overpayment, the grantee agrees to reimburse the Wisconsin Department of Public Instruction for the amount of such overpayment.
- The applicant will share project experiences, activities and materials on a cost recovery basis with other interested Wisconsin school districts upon request.
- The applicant will participate in all regional and state meetings held by the Department of Public Instruction for project directors and project teams.
- In connection with performance of work under this contract, the contractor agrees not to discriminate against any employee or applicant for employment because of race, sex, religion, age, color, national origin or handicapping condition. The aforesaid provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection of training, including apprenticeship. The contractor agrees to post notices where they are readily available to employees and employment applicants. The notices are to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause. Furthermore, the State of Wisconsin Department of Public Instruction operates under the Affirmative Action Plan and under a merit employment system.
- The applicant will provide equal opportunities for individuals to participate in the project experiences in school and community settings regardless of the person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.
- All staff employed by the District and designated to work with students on an ongoing basis will be DPI licensed.
- The applicant will participate in statewide evaluation initiatives.
- Grant funds shall not be used to supplant alternative education program funding received from other local, state, or federal sources.

III. SIGNATURES

I HEREBY CERTIFY that this project application will be the basis for the operation and administration of the project for which Alternative Education funds will be requested. I will provide expenditure and other reports and will comply with such fiscal provisions as the Department of Public Instruction requires. I also agree to comply with the assurances outlined herein. I further certify that the information provided in this application is complete and accurate to the best of my knowledge.

District Administrator/Fiscal Agent	Signature ➤	Date Signed <i>Mo./Day/Yr.</i>
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IV. ABSTRACT

Provide a one page abstract that clearly but concisely describes the proposed program. Give the essential program characteristics. Describe the salient features of the program that address its major characteristics (instructional methodology; use of instructional technology; minimum attendance requirements; award of credits; course articulation; graduation requirements; type of credential or certificate or degree; accelerated pacing for credit deficient student; work study components; service learning; other.)

V. ALTERNATIVE EDUCATION PROGRAM GRANT NARRATIVE

Please limit your narrative to not more than two typewritten (10 point type or larger) pages for each question, double spaced. Responses should be numbered to coincide with the following items.

1. Describe the need for the alternative education program.
2. Describe the type of pupils who will be served by the alternative education program including the selection process.
3. Describe the partnerships for coordination or collaboration with other agencies, organizations, advisory committees, etc., which will help facilitate this alternative education program.
4. Provide an outline of the measurable goals, objectives, activities, and related timelines; measurable goals must be student outcome specific.
5. Provide a schedule for program implementation.
6. Provide a listing of all individuals involved in the administration and implementation of this program by title and certification and their full time equivalency.
7. Describe how the program will be evaluated each year. Include how student results will be measured.
8. Describe the plans for continuation of the alternative education program at completion of the grant.
9. If the district, either individually or as part of a consortium, received alternative education funds in 2000-2005, describe the current status of that program. (Required for districts/consortiums that were previously funded.)

V. BUDGET

District/Consortium:

Function	Object	Alternative Education Program Fund Request	Total FTE*	1 st Budget Revision	2 nd Budget Revision
ADMINISTRATION Administrative costs are limited to not more than 10 percent of the amount awarded.	Salaries	\$			
	Fringes				
	Purchased Services ¹				
	TOTAL Administration	\$			
INSTRUCTION Instruction is limited to activities dealing directly with the interactions between teachers and students.	Salaries				
	Fringes				
	Purchased Services ¹				
	Non-Capital Objects				
	Capital Objects ²				
	TOTAL Instruction	\$			
SUPPORT SERVICES Support services are those which provide administrative, technical, and logistic support to facilitate and enhance instruction.	Salaries	\$			
	Fringes				
	Purchased Services ¹				
	Non-Capital Objects				
	Capital Objects ²				
	TOTAL Support Services	\$			
GRAND TOTAL Administration/Instruction/Support Services		\$			

*Full-time equivalency (FTE) of staff specifically paid from Alternative Education Program funds.

¹ All purchased services must be itemized in Section 1 on the following page. The total purchased services on this page must match the total for itemized purchased services on the following page.

² All capital objects must be itemized in Section 2 on the following page. The total capital objects on this page must match the total for itemized capital objects on the following page.

	1. PURCHASED SERVICES	
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A. Item Name <i>Describe all items budgeted under Purchased Services Classification (e.g., consultant, travel, postage, printing, telephone).</i>	B. Unit Cost	C. Estimated Total Cost
Total Purchased Services¹		

	2. CAPITAL OBJECTS	
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A. Item Name <i>Capital Objects are items of permanent or enduring nature that are sufficiently expensive (over \$300.00) to warrant identification and maintaining control of records.</i>	B. Unit Cost	C. Estimated Total Cost
Total Capital Objects²		

1. Total Purchased Services must be distributed between Administration, Instruction, and Support Services on the previous page.

2. Total Capital Objects must be distributed between Instruction and Support Services on the previous page.

	VI. CONSORTIUM VERIFICATION	
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Verification of participation in a consortium effort for state competitive Alternative Education programs must be made by each participating LEA.

EACH OF THE UNDERSIGNED CERTIFIES that the information contained in this application is complete and accurate, that the local educational agency they represent has authorized them to enter into a consortium agreement, and to provide the necessary assurances of compliance with applicable state and federal statutes, rules, and regulations. The administering agency shall be the fiscal agent and shall thereby incur and record all expenditures of funds available per applicable program provisions, rules, and regulations.

	ADMINISTERING AGENCY	
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Administering Agency	Date Signed <i>Mo./Day/Yr.</i>
Agency Administrator	Signature

	CONSORTIUM PARTICIPANTS	
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1. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature
2. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature
3. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature
4. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature
5. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature
6. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature
7. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature
8. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature
9. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature
10. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature